



UNDERGROUND STORAGE TANK (UST) REVOLVING FUND PREAPPROVAL APPLICATION FORM

In accordance with Arizona Revised Statutes (A.R.S.) § 49-1051, an applicant who wishes to participate in the UST Revolving Fund Preapproval process must complete the form below and demonstrate compliance with eligibility criteria.

Mail or hand-deliver one original and all attachments to the below address:

Attention: UST Preapproval Program
Arizona Department of Environmental Quality
1110 West Washington Street, Mail Code 4415B-3
Phoenix, AZ 85007

Or – email the completed form to: ustpreapproval@azdeq.gov. The file should be saved as "PA_LUST_1234_ApplicantName". Please include your attachments using a similar naming convention "PA_LUST_1234_ApplicantName_Att.1".

Submittal of complete and accurate information in addition to the documentation necessary to support your answers may allow for more timely review. Please submit the completed form to: ustpreapproval@azdeq.gov.

You will need the following items to complete this form:

1. Facility ID number and LUST number
2. Arizona Corporation Commission (ACC) File Number showing Good Standing
3. Proof of Financial Responsibility (FR)
4. Applicant Information

Failure to complete all applicable portions of this form will result in denial of your submittal.

LUST # _____ FACILITY ID # 0-00 _____

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Name of Applicant: _____
(If the Applicant is a corporation, then the applicant name must match information provided on the Arizona Corporation Commission (ACC) Website). ACC File Number: _____

Name/Title of Applicant's Authorized Individual (leave blank if same as above):

Verification of Authority:

Please attach documentation, on Applicant letterhead, showing that the Authorized Individual may act for the Applicant on this application. If that documentation is not available, complete the following:

Verification of Authority:	
I am the _____ at _____ and	
(Title of Responsible Officer)	(Name of Applicant)
authorize _____ to act for _____	
(Name of Designee)	(Name of Applicant)
in applying for eligible funds for the facility identified in this application.	
x _____	x _____
(Signature)	(Date)

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Check all that apply to Applicant:

☐ UST Owner at the time of the release(s) ☐ UST Operator at the time of the release(s)

☐ Property Owner

☐ Current UST Owner

☐ Current UST Operator

Financial Assurance Mechanism Types

For more information on FR requirements, please refer to Arizona Administrative Code (A.A.C.) R18-12-300 through R18-12-323, A.R.S. § 49-1006 and 40 C.F.R. § 280, subpart H.

Mechanism Types

UST Insurance Coverage	Trust Fund
Risk Retention Group Coverage	Standby Trust Fund
Financial Test of Self-Insurance	Certificate of Deposit
Guarantee	Local Government Bond Rating Test
Surety Bond	Local Government Financial Test
Letter of Credit	Local Government Guarantee

☐ Do you currently own or operate USTs at this facility? Check appropriate answer below:

☐ No

☐ Yes – if yes, identify the financial assurance mechanism(s) relied upon for compliance with A.R.S. § 49-1006. Please fill out the following and attach documentation demonstrating current compliance with FR requirements.

Release ID No.	Release Reported Date	Release Closure Date	Mechanism Type	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
FR Provider Primary Phone:			Email:		

(If additional space is required, please attach a summary that includes all table items.)

Note: Under A.R.S. § 49-1056, the department has a lien on the property for the amount of corrective action costs paid on behalf of an UST owner or operator who cannot demonstrate compliance with FR requirements.

LUST Release/FR Table

Identify the financial assurance mechanism(s) relied upon for compliance with A.R.S. § 49-1006 for the release(s) included in this submittal. Select the appropriate option below to identify whether your submittal is under A.R.S. § 49-1006.02(A) or (B):

☐ **Submittal under A.R.S. § 49-1006.02(A):** If insurance is relied upon for compliance with FR requirements, and the deductible on April 1, 2015 was less than \$50,000, complete the following table:

Release ID No.	Release Reported Date	Release Closure Date	UST Insurance Provider Name	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Contact Name:					
FR Provider Primary Phone:			Email:		

(If additional space is required, please attach a summary that includes all table items.)

Attach the following:

- 1) A copy of your current policy.
- 2) Provide documentation demonstrating a timely claim filed with your provider in accordance with A.R.S. § 49-1006.02.
- 3) A copy of any claim-related correspondence from your provider.

NOTE: In accordance with A.R.S. § 49-1006.02(A)(4), an owner or operator that fails to pursue an insurance claim is no longer eligible under sections §§ 49-1017 and 49-1054.

☐ **Submittal under A.R.S. § 49-1006.02(B):** If insurance is relied upon for compliance with FR requirements and the deductible amount on April 1, 2015 equals or exceeds \$50,000, or you meet FR requirements using a financial assurance mechanism other than insurance, complete the following table:

(If additional space is required, please attach a summary that includes all table items.)

Release ID No.	Release Reported Date	Release Closure Date	Type of Mechanism (from Table 1)	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
FR Provider Primary Phone:			Email:		

Attach the following as applicable:

- 1) Documentation verifying the deductible amount for the insurance policy in effect on April 1, 2015.
- 2) Provide a copy of your FR documentation demonstrating current compliance.
- 3) Provide documentation demonstrating that a timely claim was filed with your financial assurance provider.
- 4) Provide documentation demonstrating that you have paid \$50,000 in corrective action costs for work conducted on or after January 1, 2016 under A.R.S. § 49-1006.02(B) and complete the Transition Work Form. This amount is not eligible for reimbursement from the state fund through either the preapproval process or time-barred claims.

☐ **Submittal under A.R.S. § 49-1016(C)**

If you are a property owner who did not own or operate the UST associated with the release, you are required to demonstrate that you are not an UST owner under A.R.S. § 49-1001.01 or an operator under A.R.S. § 49-1001. Additionally, you are required to demonstrate you complied with requirements to notify the department in writing of the tank's existence, including, if known, its location, size and use if the UST owner failed to do so.

Note: Under A.R.S. § 49-1056, the department may have a lien on the property for the amount of corrective action costs paid on behalf of a property owner who did not own or operate USTs associated with the release.

If you are a property owner (only) and the UST facility currently has USTs that have not been permanently closed, please include documentation demonstrating current compliance with FR requirements for the USTs onsite:

Release ID No.	Release Reported Date	Release Closure Date	Mechanism Type	FR Policy Number	Effective Date of FR Policy
.0					
LUST Owner Name:					
LUST Operator Name:					
FR Provider Name:			Contact Name:		
FR Provider Primary Phone:			Email:		

PREAPPROVAL APPLICATION FORM STATEMENT:

Original signature required.

By my signature below, I am requesting to participate in the preapproval program. This application form was prepared by me. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that all information submitted to ADEQ is public record unless otherwise identified as confidential. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I understand that the Department will contact me using the information I've provided to set up a Kickoff meeting. It is my responsibility to contract with an Arizona Professional Engineer or a Registered Geologist and to ensure their availability for the Kickoff meeting. It is my responsibility to manage the cleanup and ensure that corrective actions are conducted in accordance with an approved scope of work, schedule, and budget.

Applicant/Authorized Individual Signature

Date